

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/937053

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		①					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12		①					62						
13		①					63						
14	1						64						
15		1					65						
16		2					66						
17		2					67						
18							68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	18	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Best Available Copy